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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

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CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

COACKLYOP	MT. CLETTE				
eport must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement cor	vers From: 7 23 05 to 8 22 05 Mo Day Year			
. Committee I.D. Number 137637	4. Candidate Last Name First Name M.I. PRPAREU: MAKE T				
Committee Name Committee to Elect muset Papacelli For city Council	4a. Office Sought Including District # or Community Served (If applicable) City Council For New Baltimo 4b. County of Residence macomb				
Committee's Mailing Address 37192 Back to De Area Code and Phone SB6-725-4977 If the address in this box is different from the committee mailing edgress on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name & Residential Address MARK PAPAREU 37192 BERTH DE 18047 NEW BATTIME INST. 48047 Area Code & Phone (59) 735 4977				
Treasurer's Business Address Treasurer's Business Address 37192 Breth De New BALL ORE MIL 48017 Area Code and Phone 1936 735-4977	371	ord keeper's Name and Mailing Address (If the committee has a keeper) Note: Papare U. Serty Dr. Balthoure MT. 4807) One (5%) 725-4977			
9. TYPE OF STATEMENT 9a. Pre-Election OR 9b. A Po	ost-Election	9c. Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. Dissolution of Candidate Committee			
☐ Convention ☐ Se	chool	Effective Date of Dissolution Month Day Year No shaddles the floor live centry that the committee has no essets or			
Date of Election, Convention or Caucus OB OA 200 Month Day Year	5 .	outstanding debts, including late filling feet. Further, live a laquest that the dissolution cannot be granted, that this be considered a request for the Reporting Walver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
A committee that does not have a Reporting Waiver must f Schedules. Direct contributions, loan Schedules. Direct contributions, loan if any of the information listed in items 2, 4, 5, 6, 7, or 8 has amendment to the Statement of Organization should accordance the filling deadline of a required campaign state. 10. Vertication: NWe perify that all reasonable diligence were proposed to the statement of the statem	ite all required Campals, expenditures, and o changed since the information with the campaign that campaign as used in the prepara	on Statements. The Campaign Statements must include all applicable distanding debts count against the \$1,000 Reporting Waiver Intershold. formation was shown on the committee's Statement of Organization, an Statement. If a request for a Reporting Waiver is not received on or statement cannot be waived.			
To verification, the Cell of the Contents are true, accurately the Knowledge and belief the contents are true, accurately the contents are true.		Date Mo Day Year Date Mo Day Year Date Mo Day Year			
Authority granted under P.A. 388 of 1976	7				

1. Committee I.D. Number 137637

2. Committee Name Committees to Elect

mark Paparerul For City Commit

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

SUMMARY PAGE CANDIDATE COMMITTEE		Colume II
RECEIPTS	Column This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) 5 354.03
7. In-Kind Expenditures (Schedule 1B-IK, Calumn 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	S	
a. Itemized (Schedule 18, Column 6)	(Ba.) §	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(86.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	D =
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.)5 304.03
DEBTS AND OBLIGATIONS 12. Debts and Obligations	2.4	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ BALANCE STATEMENT	
13. Ending Balance of tast report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(13.) \$ \(\tilde{\O}\) (14.) + \$ \(\tilde{\O}\) (15.) = \$ \(\tilde{\O}\) (16.) - \$ \(\tilde{\O}\) (17.) \$ \(\tilde{\O}\)	



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS SCHEDULE 1E

1, Committee I.D. Number 137 637

CANDIDATE COMMITTEE

2 Committee Name (Supplied to Elect MACK PAPERELL)

CANDIDATE COMMITTEE				
hia Schedule Itemizas:				
Debts and obligations owed by or forgiven the co		its and obligations owed <u>to</u>	or forgiven <u>by</u> the co	mmittee.
(Cher	ck either a or b. Use only for the pu			
Name and Mailing Address of person, vendor or mancial institution to whom debt is owned. Theck box to indicate whether debt is owed to an acceptorated business. If debt is a bank loan, please provide information regarding the endorsers or	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount	7. Date and amount of each payment	8. Cumulative payment to date on debt	9, Outstanding Balance at close of this period (Item 6 minus item 6)
ruarantora, if any.	of debt			
Debt #1 Corp? Yes Owed to or by:	4. Type: 02/04			
mar Panarelii		115	!	
37192 Brux& Dr.	5. Date Debt Was Incurred: 7/>5/95 6. Original Amount of Debt		st	s(d) P
New BAIL MORE ME				, , , , , , , , , , , , , , , , , , , ,
48047	5.61.79			FORGIVEN
	,	1 -/ -/ \$	 nount Endorsed; \$ _	
if bank loan, name of endoreer or guarantor.		P(1)	DOM EMOISON, 5	
Debt #2 Corp? Yes Owed to or by:	4. Type: <u>Del. l</u>			
MARK PAPARSULI.	5 Date Debt Was Incurred:		j	
37192 BKK &+ De1	5. Date Date Was Incurred: 7 10 0 6. Original Amount of Date:		\$	99,00
New BAltimer Mr.	599			SORGIVEN
			1	L Chare
If bank loan, name of endorser or guanzhior:	1	<u>`</u>	mount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: 0cht			
MARK PAPARELL.	5. Date Debt Was Insurred:		Ì	
37197 Bett DK.	6. Original Amount of Debt:			1802
New BATHMORE ME.	\$18.05			
4,04				FORGIVEN
It bank loan, name of andorser or guarantor:			Amount Endorsed: \$	
		Page Subtotal (Ou Grand Total of al		178.81
(Corr	piete on last page of Schedule sho	wing amounts owed by or t	o the committee)	
d date as abitentian must be shown on this Sche	•	amount ownd on it at the		Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 137 637

CANDIDATE COMMITTEE

2. Committee Name Committee to elect mark Paparelli Por city council

CANDIDATE COMMITTEE				
his Schedule itemizes:	IT	4 J _LHb	an langhang buy the se	
Debts and obligations owed by or forgiven the co		ots and obligations owed <u>to</u> o	ol lolgingu <u>da</u> due co	.eepnings
(Chec Name and Malling Address of person, vendor or	k either a or b. Use only for the pu 4. Type of Obligation (Indicate type and you may	7. Date and amount of each payment	8. Comulative payment to	9. Outstanding Balance at close
mandal institution to whom debt is owed. Check box to indicate whether debt is owed to an	assign an expenditura code) 5. Indicate date debt was		date on debt	of this period (Item 6 minus
necrooked business. If debt is a bank loan, please worked information regarding the endorsers or	incurred 6. Indicate original amount	i,	-	item 6)
uarantors, if eny.	of debt			
Debt #1 Corp? Yes Owed to or by:	4. Type: 186+			
mack formacly	5. Date Debt Was Incurred:			
37197 Bush Or.	5. Date Debt Was Incurred: 7 3 0 5 6. Original Amount of Debt	\$	\$	<u>; ≤3,∞</u>
New Baltimore MI.	5.53.00			FORGIVEN
46047		<u> </u>	rount Endorsed: \$	
If bank loan, name of endorser or guarantor:		T ATT	Marit Engolseo.	
Debt #2 Corp? Yes Owed to or by:	4. Type: 10211			
marx papareni.	5. Dote Debt Was Incurred:	1.1.5		
37192 BEXXX DR.	6. Original Amount of Debt	1 1 5	s	الص: ١٥٥
Now BOAT ME.	\$16.00			
		-/	mount Endorsed: \$	FORGIVEN
if bank loan, name of endorser or guarantor:		<u></u>	Mount Enouiseo: 4	
Debt #3 Corp? Yes Owed to or by:	4, Type: 10014	-		
MARK PAPARELL	S. Date Debt Was Incurred:	<u></u>		
37192 Beett DK	6. Original Amount of Debt:			× 34.65
New Ballimore Mt.	534,65	<u>-1-1-\$</u>		, -
48047	ı		Amount Endorsed: 4	CORGIVEN
If bank loan, name of endorser or guarantor:				<u></u>
		Page Subtotal (Ou		103,65
(Com	pieto on last page of Schedule sho	Grand Total of all wing amounts awad by or to	o the committee)	
de debt as abilication must be shown on this 8che	dule if there was an outstanding	amount owed on it at the		Enter this total on line 12a "owed by" or line 12b "owed to" of the
this Campaign Statement or it was forgiven during	ng the period covered by this Ca	mpaign Statement.		Summary Page



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 137637

2. Committee Name Committee to elect where

CANDIDATE COMMITTEE		GL CITY C	ouncil_	
his Schedule kemizes:				
Debis and obligations owed by or forgiven the co	mmittee OR b. Γ Deb & either a or b, Use only for the pur			
3. Name and Mailing Address of person, vendor or inancial institution to whom debt is ownd. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or puerantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (item 6 minus item 8)
Debt#1 Corp? Yes Owed to or by: MARK Proproparation 37192 BREY+ DE. New Baltimore MI 48047	4. Typo: Deb + 5. Date Debt Was Incurred: 7/3/65 6. Original Amount of Debt: 5_[[.5]		S	5 [1.57]
If bank loan, name of endoreer or guarantor:		AIT	Out Elifoteer 2	
Debt #2 Corp? Yes Owed to or by: MALK PAPIENTLL: 37192 bext Or. Now Baltimons MT, 48047	4. Type: Oglod 5. Date Debt Was Incurred: 7/21/05 6. Original Amount of Debt \$ 10.06	/ / \$	\$	10.00
if bank loan, name of endorser or guarantor:			ROUNE CHOOKEU. 3	
Debt#3 Corp? ☐ Yes Owed to or by:	4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$			FORGIVEN
If bank loan, name of endorser or guarantor:		<u> </u>	Amount Endorsed: 3	
	plete on last page of Schedule sho dule if there was an ourstanding Ig the period covered by this Can	amount owed on it at the	Schedules 1E o the committee)	21.57 304.03 Enter this total on line 12a "owed by" or line 12b "owed to" of the Surrmany Page
Page 3 of 3				